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DATE: Fe	bruary 26, 2009
PTO IDENTIF	Patent Number
Inventor: Ja	ames F. Cameron
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FROM: E	DWARDS ANGELL PALMER & DODGE LLP
P	eter F. Corless
PHONE; (617) 517-5557
Attorney Dkt.	#: 51200(70329)
PAGES (Inclu	ding Cover Sheet):
CONTENTS:	Fee Transmittal (1 page) Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages) Amendment in Response to Non-Final Office Action Amendment Transmittal (1 page) Charge \$1,110.00 to deposit account 04-1105 Certificate of Transmission (1 page)
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Application No. (if known): 10/717,975

Attorney Docket No.: 51200(70329)

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Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2

Amendment in Response to Non-Final Office Action

Amendment Transmittal (1 page)

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PTO/SB/17 (10-05)
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See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818); FEE TRANSMITTAL FOR FY 2009 Filting Date November 20, 2003 Filting Date
FEE TRANSMITTAL Filting Date November 20, 2003 First Named Inventor James F. Cameron Exprise Name A. C. Walke A.
Applicant claims small entity etiatius See 37 CFR 1.27 Applicant claims small entity etiatius See 37 CFR 1.27 Applicant claims small entity etiatius See 37 CFR 1.27 Art Unix 1795 A
Replicant claims small entity attatus. See 37 CFR 1.27 Att Unit 1795
Acollicant claims small entity etatus. See 37 CFR 1.27 Art Unix 1795
METHOD OF PAYMENT (5) 1,110.00 Attorney Dockel No. 51200(70329)
METHOD OF PAYMENT (check sill that apply) Check Credit Card Moncy Order O4-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge fee(s) Indicated below Charge fee(s) Indicated below Charge fee(s) indicated below. A Credit any overpayments (elea) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)
Check Credit Card Money Order Other (please identify): Charge fee(s) Indicated below Charge fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) Indicated below, except for the filling fee to the fee(s) indicated below, except for the filling fee to the fee(s) indicated below, except for the filling fee to the filling fee to the fee(s) indicated below, except for the filling fee to the filling fee to the fee(s) indicated below, except for the filling fee to the fee(s) indicated below, except for the filling fee to the filling fee
Deposit Account Deposit
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee (s) indicated below, except for the filling fee X Charge fee (s) indicated below, except for the filling fee X Charge fee (s) indicated below, except for the filling fee X Charge fee (s) indicated below, except for the filling fee X Charge fee (s) indicated below. X Charge fee
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X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments
Tee(s) under 37 CFR 1.16 and 1.17 TEE CALCULATION
Total Claims Tell Claims Fee Calculation Fee Calcula
Filing Fee Small Entity Fee (\$) Fee (\$
Application Type
Design 220 110 100 50 140 70
Utility 330 165 540 270 220 110
Design 220 110 100 50 140 70
Plant 220 110 330 165 170 85
Provisional 220 110 0
Provisional 220 110 0
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)
Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) Fee Paid (\$)
Multiple dependent claims 390 195 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP x Fee (\$) Fee Paid (\$)
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-20 or HP x • Fee (\$) Fee Paid (\$)
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or MP = X = HP = highest pumber of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 = (round up to a whole number) x =
4. OTHER FEE(S) Fees Paid (S)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00
Signature
Name (Print/Type) Reter F. Corless Oate February 26, 2009

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AMEN	Docket No. 51200(70329)						
Application No. 10/717,975-Conf. #7999		Filing November		Examiner A. C. Walk		Art Unit	
Applicant(s): Jame	es F. Camero	n					
Invention: MULTIL	AYER PHOT	ORESIST SYS	TEMS				
	TO	THE COMMI	SSIONER FO	OR PATENTS			
Transmitted herew							
The fee has been	calculated an	 .	S AS AMENI		- · · · · · · · · · · · · · · · · · · ·		
	Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present	Rate		· · · · · · · · · · · · · · · · · · ·	
Total Claims		- 20 =		X	-		
Independent Claims		- 3 =		x			
Multiple Depende	ent Claims (ch	eck if applicabl	e)				
Other fee (please	1,110.00						
TOTAL ADDITIO	NAL FEE FO	R THIS AME	NDMENT:		1	,110.00	
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Boston, Massach (617) 517-5557 0000032 041105 10	ousetts 02205 0717975	;	•				
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